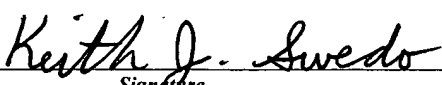
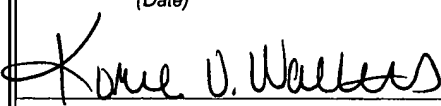


IFW

|                                                                                                                                                                                                                |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>                                                                                                                                                             |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Docket No.</b><br>DP-310218 |                          |
| Applicant(s): • Robert J. Cashler                                                                                                                                                                              |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| Application No.<br>10/722,714                                                                                                                                                                                  | Filing Date<br>11/25/2003           | Examiner<br>Gertrude Jeanglaude Arthur | Customer No.<br>22851                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Group Art Unit<br>3661         | Confirmation No.<br>7498 |
| Invention: <b>METHOD AND APPARATUS FOR DEPLOYING COUNTERMEASURES IN RESPONSE TO SENSING AN IMMINENT VEHICULAR COLLISION</b>                                                                                    |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <b>COMMISSIONER FOR PATENTS:</b>                                                                                                                                                                               |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| Transmitted herewith is an amendment in the above-identified application.                                                                                                                                      |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| The fee has been calculated and is transmitted as shown below.                                                                                                                                                 |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                                       |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
|                                                                                                                                                                                                                | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR            | NUMBER EXTRA<br>CLAIMS PRESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RATE                           | ADDITIONAL<br>FEE        |
| TOTAL CLAIMS                                                                                                                                                                                                   | 29 -                                | 23 =                                   | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | x \$50.00                      | \$300.00                 |
| INDEP. CLAIMS                                                                                                                                                                                                  | 3 -                                 | 3 =                                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | x \$200.00                     | \$0.00                   |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                                                                                                                       |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | \$0.00                   |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>                                                                                                                                                                 |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | <b>\$300.00</b>          |
| <input type="checkbox"/> No additional fee is required for amendment.                                                                                                                                          |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____                                                                                                                        |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <input checked="" type="checkbox"/> A check in the amount of <b>\$300.00</b> to cover the filing fee is enclosed.                                                                                              |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-0831</b> . |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.                                                                                                                  |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.                                                                                                                  |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038.                                                                                                                                                |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                        |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
| <div style="text-align:center"><br/>Signature</div>                                                                         |                                     |                                        | Dated: November 29, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                          |
| Keith J. Swedo, Reg. No. 43,176<br>Baker & Daniels LLP<br>300 N. Meridian Street<br>Suite 2700<br>Indianapolis, IN 46204<br>Telephone: 317.237.0300<br>Facsimile: 317.237.1000<br>intear@bakerd.com            |                                     |                                        | <div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align:center">November 29, 2005<br/>(Date)</p><div style="text-align:center"><br/>Signature of Person Mailing Correspondence</div><p style="text-align:center"><b>Korie V. Walters</b><br/>Typed or Printed Name of Person Mailing Correspondence</p></div> |                                |                          |
| CC:                                                                                                                                                                                                            |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
|                                                                                                                                                                                                                |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |
|                                                                                                                                                                                                                |                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner of Patents, Alexandria, VA 22313-1450 on November 29, 2005.

Korie V. Walters

Appl. No. : 10/722,714  
Applicant : Robert J. Cashler  
Filed : November 25, 2003  
Art Unit : 3661  
Examiner : G. Arthur Jeanglaude

Confirmation No.: 7498

Docket No. : DP-310218  
Customer No. : 22851

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

AMENDMENT

Sir/Madam:

In response to the Office Action mailed 02, September 2005, please amend the subject application and consider the remarks set forth herein.

|     |                          |        |
|-----|--------------------------|--------|
| I.  | Amendments to the Claims | Page 2 |
| II. | Remarks                  | Page 7 |